

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33359

1. PLACE OF DEATH
94 County St. Francois Registration District No. 773
Township 11 Primary Registration District No. 6018A
City New Farming ton (No. _____) St. _____ Ward _____

2. FULL NAME Josh Powell
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jamie Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 70 years

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>about</u>	<u>70</u>	<u>years</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charford Co. Mo

FATHER

13. NAME w m Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know. Ill

MOTHER

15. MAIDEN NAME Mary Peck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT Lura Lawson
(ADDRESS) St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL Woodwood Mo DATE Nov 2 1932

19. UNDERTAKER Farming ton and Co
(ADDRESS) Farming ton Mo

20. FILED Nov 2 1932 S B Robinson
Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 1932 to Oct 31 1932
I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at Farmington Mo
The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis Date of onset _____
Myocardial Infarction
93C
97
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Rappberry, M. D.
(Address) St Louis Mo

